



**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner of Patents and Trademarks,  
Arlington, Virginia 22313-1450"

on NOVEMBER 6, 2003

*Ellen Plotkin*  
ELLEN PLOTKIN  
Reg. No. 36,636  
Attorney for Applicant(s)

11/ 6 /03  
Date of  
Signature

J6673(C)  
Y2-R566-EDG

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NOV 19 2003

TECH CENTER 1600/2900

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Customer Number: 000201  
Attorney Docket No.: J6673(C)  
Applicant: Pillai et al.  
Serial No.: 10/003,850  
Filed: November 2, 2001  
For: SKIN CARE PRODUCT CONTAINING RETINOID,  
RETINOID BOOSTERS AND PHYTOESTROGENS IN A  
DUAL COMPARTMENT PACKAGE  
UNUS No.: Y2-R566-EDG

Group: 1617  
Examiner: R.S. Travers  
Edgewater, New Jersey 07020  
NOVEMBER 6, 2003

**AMENDMENT**

Commissioner for Patents  
Arlington, Virginia 22313-1450

Sir:

In response to the Office Action (Non-final Action) dated August 8, 2003, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments begin on page 4 of this paper.**

1617



## CERTIFICATE OF MAILING

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"Assistant Commissioner for Patents,  
Arlington, Virginia 22313-1450"

on NOVEMBER 6, 2003

*Ellen Plotkin*  
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Reg. No. 36,636

Attorney for Applicant(s)

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Date of  
Signature

UNITED STATES DEPT. OF COMMERCE  
Patent and Trademark Office

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

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TECH CENTER 1600/2000

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Group: 1617  
 Examiner: R.S. Travers  
 Edgewater, New Jersey 07020  
 NOVEMBER 6, 2003

Commissioner for Patents  
 Arlington, Virginia 22313-1450

Sir:

Transmitted herewith is an **AMENDMENT** in the above-identified application.  
 No additional fee is required.

The fee has been calculated as shown below.

## CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 84.00	
Multiple Claims					\$ 280.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$

\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

Charge \$ \_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.  
 The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under  
 [X] 37 C.F.R. § 1.16;  
 [X] 37 C.F.R. § 1.17;  
 [X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

*Ellen Plotkin*  
 Ellen Plotkin  
 Attorney of Record  
 Reg. #36,636

(201) 840-2253